

Disbursements for Independent Expenditures

Page ____ of ____

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report expenses of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Disbursement Information					
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District:____ <input type="checkbox"/> Co./Municipal Office_____ Co._____ <input type="checkbox"/> Other Office:_____ County/District:_____		
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District:____ <input type="checkbox"/> Co./Municipal Office_____ Co._____ <input type="checkbox"/> Other Office:_____ County/District:_____		
Referendum Name			Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
					\$
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District:____ <input type="checkbox"/> Co./Municipal Office_____ Co._____ <input type="checkbox"/> Other Office:_____ County/District:_____		
Candidate Full Name		Amount	Office Sought		
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District:____ <input type="checkbox"/> Co./Municipal Office_____ Co._____ <input type="checkbox"/> Other Office:_____ County/District:_____		
Referendum Name			Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
2. Total Disbursements THIS Page		(sum all the 'If' entries on this page)			\$
3. Total Disbursements ALL Pages		(sum all the 'If' entries on all disbursement pages)			\$